

# **State of Indiana**

## **Pre-Employment Controlled Substances**

### **Testing Consent Form**

I understand that applicants covered under the State Personnel Department Standardized Policy for Drug and Alcohol Testing must be tested for controlled substances as a precondition for employment in the job classification of \_\_\_\_\_.

I consent to the urine specimen collection and testing for controlled substances.

I understand that a positive test result for controlled substances will disqualify me for a position with the State of Indiana. I also understand a report that my urine sample was adulterated or substituted will also disqualify me for a position with the State of Indiana.

I understand that if my urine sample is reported as diluted, I may be required to provide another sample for testing.

A Medical Review Officer will review my test result from the laboratory and report the result to my perspective employer. If the results are positive, the controlled substance will be identified and reported to the State of Indiana. The results will not be released to any other parties without my written authorization.

**I understand the above conditions and hereby agree to comply with them.**

Name: \_\_\_\_\_  
(Printed Name) (Signature)

Date: \_\_\_\_\_